



*Consulting Engineers
and Scientists*

PASTOR, BEHLING & WHEELER, LLC
2201 Double Creek Drive, Suite 4004
Round Rock, TX 78664

Tel (512) 671-3434
Fax (512) 671-3446

September 29, 2016

VIA ELECTRONIC MAIL

Raji Josiam
Remedial Project Manager
US EPA Region 6
1445 Ross Ave, Suite 1200, 6SF-RA
Dallas, TX 75202

Re: Additional Contractors Information, Remedial Investigation/Feasibility Study (RI/FS) -
Area of Investigation 1 (AOI-1) of the USOR Superfund Site, 400 N. Richey Street,
Pasadena, Texas

Dear Ms. Josiam:

Pursuant to Section VIII, Paragraph 34 of the Administrative Settlement Agreement and Order on Consent for RI/FS (Settlement Agreement) for the above-referenced Site, Pastor, Behling & Wheeler, LLC (PBW), on behalf of the Respondents named in the Settlement Agreement, is herewith providing the names, title, and qualifications for an additional contractor to the Respondents and an additional subcontractor to PBW performing work in conjunction with RI/FS activities. The additional contractor is Martin Olson Survey, Inc., whose qualifications and insurance certificate are provided as Attachment A to this letter. The additional subcontractor is Environmental Geophysics Associates whose qualifications and insurance certificate are provided as Attachment B to this letter.

Thank you for the opportunity to submit this information. Should you have any questions, please do not hesitate to contact me at 512-671-3434.

Sincerely,

Eric F. Pastor
PRP Group Project Coordinator

cc: Mr. Lam Tran – Texas Commission on Environmental Quality

Attachments

ATTACHMENT A

**MARTIN OLSON SURVEYOR, INC. QUALIFICATIONS AND
INSURANCE CERTIFICATE**

**MARTIN OLSON SURVEYOR, INC.
QUALIFICATIONS**

Kevin Olson has been a registered professional surveyor in Texas since 1986. From July 1993 until the end of 2014, Mr. Olson managed the Texas division of Martin Survey Associates, Inc., with a primary concentration on environmental surveying on landfills around Texas along with various projects with environmental engineering companies in the Houston area. Mr. Olson bought out Martin Survey Associates, Inc. on January 1,, 2015 and has continued the same type of surveying work since as Martin Olson Survey, Inc.



MARTI-1 OP ID: DC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/28/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Anco Ins Services of Austin 3103 Bee Cave Road, Suite 242 Austin, TX 78746 Cassie Hager	CONTACT NAME: Extension 6321	
	PHONE (A/C, No, Ext): 512-330-9836	FAX (A/C, No): 512-330-9856
	E-MAIL ADDRESS: austincerts@anco.com	
INSURED Martin Olson Survey, Inc. Kevin A. Olson 8810 Will Clayton Pkwy #F Humble, TX 77338	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Valley Forge Insurance Co.	
	INSURER B: Continental Casualty Co.	
	INSURER C: Allied World Surplus Lines Ins	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			6011900301	01/01/2016	01/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			6011879319	01/01/2016	01/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000			6011901898	01/01/2016	01/01/2017	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A			6011899926	01/01/2016	01/01/2017	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Professional Liab			0309-3675	01/01/2016	01/01/2017	Per Claim \$ 1,000,000 Aggregate \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

US Environmental Protection Agency is an Additional Insured on General Liability.

CERTIFICATE HOLDER

CANCELLATION

PASTHOU Pastor, Behling & Wheeler, LLC 11231 Richmond Ave, Suite D104 Houston, TX 77082	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Cassie Hager
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ATTACHMENT B

**ENVIRONMENTAL GEOPHYSICS ASSOCIATES QUALIFICATIONS AND
INSURANCE CERTIFICATE**

ENVIRONMENTAL GEOPHYSICS ASSOCIATES QUALIFICATIONS

Mustafa Saribudak is the principal of Environmental Geophysics Associates (EGA). He holds a Masters and a Ph.D. from ITU in Turkey. He worked for Tierra Environmental between 1990 and 1993, where he pioneered application of geophysical methods to environmental problems. Dr. Saribudak founded EGA in 1994 to provide near-surface geophysical services for engineering, environmental, and oil and gas industries, and real estate developers. During the past 15 years he has successfully conducted geophysical surveys at more than 200 project sites in the U.S and Central America. Dr. Saribudak has published numerous papers and short notes in geophysical and environmental journals.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/23/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER ProTECH Insurance Agency Inc 3120 Southwest Freeway, #100 Houston TX 77098-4520		CONTACT NAME: Judy Hill PHONE (A/C, No, Ext): 713-520-1090 x122 E-MAIL ADDRESS: judy@protech-ins.com FAX (A/C, No):	
INSURED ENVIGEO-01 Environmental Geophysics Associates Attn: Mustafa Saribudak 2000 Cullen Ave Apt 7 Austin TX 78757		INSURER(S) AFFORDING COVERAGE INSURER A: Hartford Lloyds Insurance Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 38253	

COVERAGES

CERTIFICATE NUMBER: 1774453375

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			61SBMBW2769	2/26/2016	2/26/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			61SBMBW2769	2/26/2016	2/26/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Policy contains Automatic Additional Insured and Blanket Waiver of Subrogation wording that provides Additional Insured and Waiver status to the Certificate Holder only when there is a written contract between the Named Insured and the Certificate Holder that requires such status. General Liability policy includes Contractual Liability and is Primary / Non-Contributory as per policy terms & conditions.

CERTIFICATE HOLDER

CANCELLATION

US Environmental Protection Agency
6SF-PR, 1445 Ross Avenue
Dallas TX 75202

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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